



Safety & Buildings Division
Manufactured Home/Mobile Home Unit
201 W Washington Ave 4th Floor
P.O. Box 1355
Madison WI 53701-1355
(608) 264-9596

MANUFACTURED HOME DEALER--SALESPERSON LICENSE APPLICATION

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

Revenue Code:

7511

- Each Manufactured home dealer must have at least one licensed salesperson.
- Submit one form for each dealer and/or employee that sells Manufactured homes.
- Fill in form completely, sign, and date.
- Make check payable to: Department of Commerce.
- Submit completed form and license fee to the above address.

Driver's License No.			
Last Name / First Name			
Home Address		P.O. Box	
City / State / Zip Code +4			
Social Security Number		Gender	Birth Date
Former name and/or address if changed since last license was issued (if applicable)			
Last Licensed as Salesperson: (If applicable)	Year	Dealer Name	Dealer No.

LICENSE FEE AND APPLICATION TYPE ****(CHECK ONE ONLY)****

- ☐ **\$8.00 Renew Application** for Manufactured Home Salesperson License
- ☐ **\$8.00 Original Application** for Manufactured Home Salesperson License (dealer license will expire in more than 1 year)
- ☐ **\$4.00 Original Application** for Manufactured Home Salesperson License (dealer license will expire in less than 1 year)
- ☐ **No Fee**--Transfer license that has not expired from Dealer Name and Dealer No.
- ☐ **No Fee**--Duplicate license application
- Yes No**
- ☐ ☐ Was similar license ever denied, suspended, or revoked in this or any other state? If yes, explain on back side of application.
- ☐ ☐ Have you (the applicant) ever been convicted of a felony? If yes, provide date and brief explanation on back side of application.

APPLICANT STATEMENT

I certify that I have read and understand all the requirements pertaining to the type of license for which I am making application and that the answers and statements made are complete, correct, and true to the best of my knowledge. I further understand that a misstatement on this application or supporting documents means my salesperson/ representative license may be denied, suspended, or revoked under s. 218.01 (3) (a) Wisconsin Statutes. I authorize any agent of the department to verify this information.

X

Signature:

Date

***** TO BE COMPLETED BY EMPLOYER *****

MANUFACTURED HOME DEALER STATEMENT

I request that the indicated license be issued and agree to give the applicant appropriate training before permitting him/her to transact business. I understand that I am responsible for the sales or Representative practices of this employee and that his/her actions may be grounds for a sanction of my business license.

X

Signature of Manufactured Home Dealer

Dealer No.	Expiration Date
Dealer Name	
Street Address	
City / State / Zip Code +4	

<hr/>		(Area Code) Telephone Number
Title	Date	